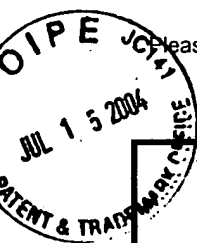
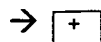


IFW



Please type a plus sign (+) inside this box →



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/791,695	
	Filing Date	March 2, 2004	
	First Named Inventor	David R. Zittel	
	Group Art Unit	1761	
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	338.072

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment /Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371 <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 DECLARATION	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Formal Drawings  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Statutory Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David D. Stein, Registration No. 40,828 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C.
Signature	<i>David D. Stein</i>
Date	July 12, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: July 12, 2004			
Type or printed name	Dawn M. Oleszak		
Signature	<i>Dawn M. Oleszak</i>	Date	July 12, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Dawn M. Oleszak Date: July 17, 2004  
Dawn M. Oleszak



Title: *Rotary Blancher For Processing Food Product*

- 1 -

Sheet 1 of 1

Form PTO-1449

U.S. Department of Commerce  
Patent and Trademark OfficeAtty. Docket No.  
338.072Appln. No.  
10/791,695**INFORMATION DISCLOSURE STATEMENT BY APPLICANT**  
(Use several sheets if necessary)Applicant  
David R. Zittel et alFiling Date  
March 2, 2004Group Art Unit  
1761**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	1,290,396	1/1919	Steere			
	1,806,957	5/1931	Stocking			
	2,314,871	3/1943	De Back			
	3,760,714	9/1973	Lortz			
	4,238,997	12/1980	Hengstenberg			
	4,875,344	10/1989	Zittel			
	4,942,810	7/1990	Zittel et al			
	5,456,091	10/1995	Zittel			
	5,456,091	10/1995	Zittel			
	5,517,906	5/1996	Zittel et al			

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO

**OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)**


\*EXAMINER

DATE CONSIDERED

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication with client.